

**HOUSE . . . . . No. 1042**

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Nine**  
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An Act relative to affordable health insurance..

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Chapter 175 of the General Laws 175 is hereby amended by inserting after section 111H,  
2 the following section:—

3 Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not  
4 disapprove a policy of accident and sickness insurance which provides hospital expense and  
5 surgical expense insurance solely on the basis that it does not include coverage for at least 1  
6 mandated benefit.

7 (b) The commissioner shall not approve a policy of accident and sickness insurance  
8 which provides hospital expense and surgical expense insurance unless it provides, at a  
9 minimum, coverage for:

10 (1) pregnant women, infants and children as set forth in section 47C;

11 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

12 (3) cytologic screening and mammographic examination as set forth in section 47G;

13 (3A) diabetes-related services, medications, and supplies as defined in section 47N;  
14 (4) early intervention services as set forth in said section 47C; and  
15 (5) mental health services as set forth in section 47B; provided however, that if the policy  
16 limits coverage for outpatient physician office visits, the commissioner shall not disapprove the  
17 policy on the basis that coverage for outpatient mental health services is not as extensive as  
18 required by said section 47B, if the coverage is at least as extensive as coverage under the policy  
19 for outpatient physician services.

20 (c) The commissioner shall not approve a policy of accident and sickness insurance  
21 which provides hospital expense and surgical expense insurance that does not include coverage  
22 for at least one mandated benefit unless the carrier continues to offer at least one policy that  
23 provides coverage that includes all mandated benefits.

24 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this  
25 chapter that requires coverage for specific health services, specific diseases or certain providers  
26 of health care.

27 (e) The commissioner may promulgate rules and regulations as are necessary to carry out  
28 this section.

29 (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
30 commissioner under this section shall be available to an employer who has provided a policy of  
31 accident and sickness insurance to any employee within 12 months.

32 Chapter 176A of the General Laws is hereby amended by inserting after section 1D the  
33 following section:

34 Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not  
35 disapprove a contract between a subscriber and the corporation under an individual or group  
36 hospital services plan solely on the basis that it does not include coverage for at least one  
37 mandated benefit.

38 (b) The commissioner shall not approve a contract unless it provides, at a minimum,  
39 coverage for:

40 (1) pregnant women, infants and children as set forth in section 8B;

41 (2) prenatal care, childbirth and postpartum care as set forth in section 8H;

42 (3) cytologic screening and mammographic examination as set forth in section 8J;

43 (3A) diabetes-related services, medications, and supplies as defined in section 8P;

44 (4) early intervention services as set forth in said section 8B; and

45 (5) mental health services as set forth in section 8A; provided however, that if the  
46 contract limits coverage for outpatient physician office visits, the commissioner shall not  
47 disapprove the contract on the basis that coverage for outpatient mental health services is not as  
48 extensive as required by said section 8A, as long as such coverage is at least as extensive as  
49 coverage under the contract for outpatient physician services.

50 (c) The commissioner shall not approve a contract that does not include coverage for at  
51 least one mandated benefit unless the corporation continues to offer at least one contract that  
52 provides coverage that includes all mandated benefits.

53 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this  
54 chapter that requires coverage for specific health services, specific diseases or certain providers  
55 of health care.

56 (e) The commissioner may promulgate rules and regulations as are necessary to carry out  
57 this section.

58 (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
59 commissioner under this section shall be available to an employer who has provided a hospital  
60 services plan, to any employee within 12 months.

61 Chapter 176B of the General Laws is hereby further amended by inserting after section  
62 6B, the following section:—

63 Section 6C. (a) Except as otherwise provided in this section, the commissioner shall not  
64 disapprove a subscription certificate solely on the basis that it does not include coverage for at  
65 least one mandated benefit.

66 (b) The commissioner shall not approve a subscription certificate unless it provides, at a  
67 minimum, coverage for:

68 (1) pregnant women, infants and children as set forth in section 4C;

69 (2) prenatal care, childbirth and postpartum care as set forth in section 4H;

70 (3) cytologic screening and mammographic examination;

71 (3A) diabetes-related services, medications and supplies as defined in section 4S;

72 (4) early intervention services as set forth in said section 4C; and

73 (5) mental health services as set forth in section 4A; provided however, that if the  
74 subscription certificate limits coverage for outpatient physician office visits, the commissioner  
75 shall not disapprove the subscription certificate on the basis that coverage for outpatient mental  
76 health services is not as extensive as required by said section 4A, as long as such coverage is at  
77 least as extensive as coverage under the subscription certificate for outpatient physician services.

78 (c) The commissioner shall not approve a subscription certificate that does not include  
79 coverage for at least 1 mandated benefit unless the corporation continues to offer at least one  
80 subscription certificate that provides coverage that includes all mandated benefits.

81 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this  
82 chapter that requires coverage for specific health services, specific diseases or certain providers  
83 of health care.

84 (e) The commissioner may promulgate rules and regulations as are necessary to carry out  
85 this section.

86 (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
87 commissioner under this section shall be available to an employer who has provided a  
88 subscription certificate, to any employee within 12 months.

89 Chapter 176G of the General Laws is hereby amended by inserting after Section 16 the  
90 following new section:

91 Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not  
92 disapprove a health maintenance contract solely on the basis that it does not include coverage for  
93 at least 1 mandated benefit.

94 (b) The commissioner shall not approve a health maintenance contract unless it provides  
95 coverage for:

96 (1) pregnant women, infants and children as set forth in section 4;

97 (2) prenatal care, childbirth and postpartum care as set forth in said section 4 and section  
98 4I;

99 (3) cytologic screening and mammographic examination as set forth in said section 4;

100 (3A) diabetes-related services, medications and supplies as defined in section 4H;

101 (4) early intervention services as set forth in said section 4; and

102 (5) mental health services as set forth in section 4M; provided however, that if the health  
103 maintenance contract limits coverage for outpatient physician office visits pursuant to section 16,  
104 the commissioner shall not disapprove the health maintenance contract on the basis that coverage  
105 for outpatient mental health services is not as extensive as required by said section 4M as long as  
106 such coverage is at least as extensive as coverage under the health maintenance contract for  
107 outpatient physician services.

108 (c) The commissioner shall not approve a health maintenance contract that does not  
109 include coverage for at least one mandated benefit unless the health maintenance organization  
110 continues to offer at least one health maintenance contract that provides coverage that includes  
111 all mandated benefits.

112 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this  
113 chapter that requires coverage for specific health services, specific diseases or certain providers  
114 of health care.

115           (e) The commissioner may promulgate rules and regulations as are necessary to carry out  
116 the provisions of this section.

117           (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
118 commissioner under this section shall be available to an employer who has provided a health  
119 maintenance contract, to any employee within 12 months.